



Recognizing Health Disparities: Helping Our Members Overcome Barriers

Health is key to happiness. Where we live, work, and play shape our health. Differences like these that cause gaps in health are called health disparities.

One health gap is low-birth weight and infant death. A baby born to an African-American mother in the U.S. is twice as likely to die before age one than a baby born to a white mother. Native American and Hispanic babies also have lower birth weights than white babies. Premature or low-birth weight babies are more likely to have health issues that can last for life.

Moms want the best for their children. To help you give your baby the best start in life, we offer the **Start Smart for Your Baby** program. This program is no cost to you. It is designed to customize the support and care you need for a healthy pregnancy and baby.

Benefits of being a member of MHS and our **Start Smart for Your Baby** program include:

- ▶ Your prenatal doctor's visits. It is important to go to your doctor as soon as you think you are pregnant.
- ▶ Information about pregnancy and newborn care.
- ▶ Your baby's doctor visits after birth.
- ▶ Assistance finding community resources to help you get the things you need during your pregnancy and after your baby is born. This includes food, cribs, housing and clothing.
- ▶ Breastfeeding support and resources.
- ▶ Professional medical staff who work with you and your doctor if you have a more difficult pregnancy.
- ▶ Resources if you are feeling down during or after your pregnancy.
- ▶ Support and resources to help you quit smoking, alcohol or drugs.
- ▶ Rewards for completing pregnancy forms, going to your postpartum visit, and more!

Learning more about the program is easy. Call us at 1-877-647-4848 to find out more.

New Name for CentAccount Healthy Rewards Program



The CentAccount Healthy Rewards Program has a new name. **My Health Pays™** launched June 1, 2019. You now have new ways to spend your rewards, but ways to earn rewards did not change.

You can earn rewards by doing things like completing a health needs screening, getting your annual checkups and screenings and enrolling in a smoking cessation program. HIP members can use their reward dollars to POWER Up to HIP Plus or pay their monthly POWER Account contributions.

Here are a few ways to earn rewards:

- **\$15** - For new members who create a secure portal account and use it to choose their doctor in the first 30 days of being an MHS member
- **\$20** - For an annual dental visit (ages 1-20)
- **\$20** - For Hoosier Healthwise and Hoosier Care Connect members who enroll with the Indiana Tobacco Quitline at 1-800-QUIT-NOW
- Up to **\$145** - for HIP members who complete the Indiana Tobacco Quitline program

Learn about all the My Health Pays™ reward opportunities on our website at mhsindiana.com/rewards.

Need to Pay Your POWER Account Contribution?

MHS wants to make your payments easy. We accept the following forms of payment: cash, check, My Health Pays™ rewards, MoneyGram, debit and credit card.

- Pay online at mhsindiana.com
- Pay by Phone at 1-877-647-4848
- Pay by Mail by sending payment to Managed Health Services; Mailstop 16253487; PO Box 660160; Dallas, TX 75266
- Pay at MoneyGram locations (Receive Code: 15200)

Have you earned My Health Pays rewards? Use your rewards to make a payment!



Hoosier Care Connect Member Copays

Hoosier Care Connect members have a copayment for some services. You may be asked to pay a **\$3 copay for a prescription**, a **\$3 copay if you use the emergency room for a non-emergency reason**, and a **\$1/each way copay for transportation**. There are certain exceptions. Find out more at mhsindiana.com.



The Reason for Your Sneezin'

Seasonal sneezing could mean allergies.

Or it could be just another cold.



How can you tell the difference?
Here's a handy chart:

SYMPTOM	COMMON TO COLDS?	COMMON TO ALLERGIES?
Body aches	Yes	No
Cough	Yes	Yes
Fever	Yes	No
Mucus is yellow or green	Yes	No
Runny nose, congestion or sneezing	Yes	Yes

Are You Dealing With a Difficult Illness?

Our disease management programs may be able to help you. MHS has a dedicated team of nurses, social workers and behavioral health specialists. They can help you manage your ongoing care with your doctor for your specific medical condition. We have disease management programs for many chronic conditions including: asthma, diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF).

We want to help you understand your options and help you get the right care. Free disease management coaching is available for MHS members. HIP members can earn up to \$85 in My Health Pays rewards for successful completion of disease management coaching. Ready to enroll? Call 1-800-973-1412.

CHECKING IN WITH DR. YANCY

Does your child take medicine for ADHD? Your child should take ADHD medicine just like the doctor says. Also, keep follow-up visits with your child's doctor. The doctor will want to check how the medicine is working for your child.

If your child was prescribed a new ADHD medication, then he or she needs a follow-up visit within 30 days of the first dose. Talk to your doctor to make sure your child gets a follow-up visit.

Dr. Eric A. Yancy, MHS Chief Medical Officer and practicing pediatrician



Are You Medically Frail?

Medically frail is a federal title given to individuals with certain serious physical, mental or behavioral health conditions. Receiving this federal designation means that you have access to the standard Medicaid benefits. Within HIP, members who meet the medically frail criteria will be provided greater coverage through the HIP State Plan package. HIP State Plan includes greater benefits like transportation to and from doctor visits, dental and vision coverage, and MRO services.

What conditions make someone medically frail?
Federal regulations define medically frail as individuals with one or more of the following:

- Disabling mental disorders (including serious mental illness)
- Chronic substance use disorders
- Serious and complex medical conditions
- A physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living like bathing, dressing, eating etc.
- A disability determination from the Social Security Administration (SSA)

*Are you a HIP member, and think you might qualify for medically frail status? You may self-report to MHS that you have a qualifying condition at any time. Then MHS has 30 days to look at claims and talk to you and your providers. If you are deemed medically frail, you will be enrolled in HIP State Plan. **Call 1-877-647-4848, choose HIP member, and then option 4 to self-report.***

Are you pregnant? Tell us!

All you need to do is complete a Notification of Pregnancy survey. You will get a special thank you gift for completing the survey. You could also be eligible for up to \$50 in My Health Pays™ rewards.

To get started:

- Sign into your Member Portal account and then fill out the Notification of Pregnancy form. It's on the "My Health" tab, then "Let Us Know."
- Or, call an OB Nurse at 1-877-647-4848, ext. 20309 to complete it over the phone.

MHS has several great programs for pregnant moms and babies. Visit mhsindiana.com to learn more, or call MHS OB Case Management at 1-877-647-4848.



When to Use The Emergency Room



If you are unsure if you should seek medical attention from an emergency room for a non-life threatening event, call your doctor's office first. If you cannot get ahold of your doctor, you can call the MHS free 24-hour nurse advice line at 1-877-647-4848.

If either your doctor or the nurse advice line tells you to go to the emergency room, your visit will be covered in full. You will not pay an emergency room copay.

Walk-In and Urgent Care Clinics

These types of clinics provide high-quality care when quick medical attention is needed for non-life-threatening conditions. If your condition is not life-threatening, consider using a walk-in clinic or urgent care clinic before going to the emergency room. Many clinics are open later in the evening and have extended weekend hours. Urgent care clinics help patients get care without waiting in the emergency room of their local hospital.

Your MHS doctor is your medical home. It is best to always speak with your doctor before you get healthcare services from another provider.

Preferred Drug Lists

The pharmacy Preferred Drug List (PDL) is a great resource. It has important information about how to use your pharmacy benefits and a list of covered drugs, both prescription and over the counter. For a drug to be covered it must be prescribed for you. If you will have a copayment it will be listed. It explains the refill process, dose and dispensing limits. Your PDL now includes a list of medications used to treat certain conditions and an explanation of how you can get a 90 day supply delivered by mail. It also explains limits on certain drugs, when prior authorization from your doctor might be needed, and requirements for generic medications and step therapy. You can find your current PDL on our website. It is updated quarterly. Visit mhsindiana.com and click on For Members, then choose your plan, then click on Benefits and Services, then Pharmacy to see your PDL. If you have any questions about your pharmacy services, call MHS Member Services at 1-877-647-4848.

Safe Use of Painkillers

Pain is our body's way of telling us something is wrong. Pain helps us know there is a problem so that we can address it. When you have pain, you just want it to stop. Painkillers may help. But painkillers have side effects. It is important not to take too many. It is also important not to take them for too long. The most common painkillers are available over the counter. Examples include:

- ▶ **Acetaminophen (Tylenol)**
- ▶ **Ibuprofen (Motrin, Advil)**
- ▶ **Naproxen (Aleve)**

These pills are good for mild to moderate pain. The most common side effects are to the stomach. Problems include upset stomach, ulcers and bleeding. Other painkillers must be prescribed by a doctor. They include:

- ▶ **Morphine**
- ▶ **Oxycodone (OxyContin, Percocet)**
- ▶ **Codeine**
- ▶ **Hydrocodone (Vicodin)**

Your doctor may give you these pills after surgery or an injury. Side effects can include drowsiness, constipation and depressed breathing. Taking them for more than a few days can lead to addiction or overdose.

Do you have trouble managing your pain? Talk to your doctor. He or she can help you find the safest way to manage your pain.



Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Effective March 1, 2017

For help to translate or understand this, please call **1-877-647-4848**.

Hearing impaired members call TTY **1-800-743-3333**.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.

1-877-647-4848 (TTY 1-800-743-3333).

Interpreter services are provided to you free of charge.

Covered Entities Duties:

Managed Health Services (MHS) is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is our responsibility to protect the privacy and security of your protected health information (PHI), whether oral, written or electronic. MHS employs state-of-the-art business practices to ensure physical and electronic safeguards are in place, including state-of-the-art computer security processes and trained staff.

We must give you this Notice. It includes our legal duties and privacy practices related to your PHI. We must follow the terms of the current Notice. We must let you know if there is a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It describes your rights to access, change and manage your PHI. It also says how to use rights.

MHS can change this Notice. We reserve the right to make the revised or changed Notice effective for any of your PHI that we already have. We can also make it effective for any of your PHI that we get in the future. MHS will promptly get you this updated Notice whenever there is a material change to the following stated in the Notice:

- the uses and disclosures
- your rights
- our legal duties
- other privacy practices stated in the notice

Updated Notices will be on our website mhsindiana.com, and in our Member Handbook. We will also mail you or email you a copy on request.

Uses and Disclosures of Your PHI

The following is a list of how we may use or disclose your PHI without your permission or authorization:

Treatment. We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you. We do this to coordinate your treatment among providers. We also do this to help us with prior authorization decisions related to your benefits.

Payment. We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider, or other entity. This is subject to the federal Privacy Rules. Payment activities may include:

- processing claims
- determining eligibility or coverage for claims
- issuing premium billings
- reviewing services for medical necessity
- performing utilization review of claims

Healthcare Operations. We may use and disclose your PHI to perform our healthcare operations. These activities may include:

- providing customer services
- responding to complaints and appeals
- providing case management and care coordination
- conducting medical review of claims and other quality assessment
- improvement activities

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- quality assessment and improvement activities
- reviewing the competence or qualifications of healthcare professionals
- case management and care coordination
- detecting or preventing healthcare fraud and abuse

Appointment Reminders/Treatment Alternatives. We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use or disclose it to give you information about treatment alternatives. We may also use or disclose it for other health-related benefits and services. For example, information on how to stop smoking or lose weight.

As Required by Law. If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI. We do this when the use or disclosure complies with the law. The use or disclosure is limited to the requirements of the law. There could be other conflicting laws or regulations. If this happens, we will comply with the more restrictive laws or regulations.

Public Health Activities. We may disclose your PHI to a public health authority to prevent or control disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA). We can do this to ensure the quality, safety or effectiveness of products or services under the control of the FDA.

Victims of Abuse and Neglect. We may disclose your PHI to a local, state, or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this if we have a reasonable belief of abuse, neglect or domestic violence.

Judicial and Administrative Proceedings. We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:

- court order
- administrative tribunal
- subpoena
- summons issued by a judicial officer
- warrant
- discovery request
- similar legal request.

Law Enforcement. We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:

- court order
- court-ordered warrant
- subpoena
- summons issued by a judicial officer
- grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI to a coroner or medical examiner. This may be needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as needed, to carry out their duties.

Organ, Eye and Tissue Donation. We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:

- cadaveric organs
- eyes
- tissues

Threats to Health and Safety. We may use or disclose your PHI if we believe, in good faith, that it is needed to prevent or lessen a serious or imminent threat. This includes threats to the health or safety of a person or the public.

Specialized Government Functions. If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:

- to authorized federal officials for national security
- to intelligence activities
- to the Department of State for medical suitability determinations
- for protective services of the President or other authorized persons

Workers' Compensation. We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law. These are programs that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations. We may disclose your PHI in an emergency situation, or if you are unable to respond or not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. We will use professional judgment and experience to decide if the disclosure is in your best interests. If it is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

Research. In some cases, we may disclose your PHI to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your PHI.

Verbal Agreement to Uses and Disclosure of Your PHI

We can take your verbal agreement to use and disclose your PHI to other people. This includes family members, close personal friends or any other person you identify. You can agree or object to the use or disclosure of your PHI at the time of the request. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure. We will limit the use or disclosure of your PHI in these cases. We limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

We can take your verbal agreement or objection to use and disclose your PHI in a disaster situation. We can give it to an authorized disaster relief entity. We will limit the use or disclosure of your PHI in these cases. It will be limited to notifying a family member, personal representative or other person responsible for your care of your location and general condition. You can give your verbal agreement or objection to us at the time of the use or disclosure of your PHI. You can also give it to us in advance.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with few exceptions, for the following reasons:

Sale of PHI. We will request your written approval before we make any disclosure that is deemed a sale of your PHI. A sale of your PHI means we are getting paid for disclosing the PHI in this manner.

Marketing. We will request your written approval to use or disclose your PHI for marketing purposes with limited exceptions. Examples of exceptions include when we have face-to-face marketing communications with you, or when we give promotional gifts of nominal value.

Psychotherapy Notes. We will request your written approval to use or disclose any of your psychotherapy notes that we may have on file with limited exceptions such as certain treatment, payment or healthcare operation functions.

All other uses and disclosures of your PHI not described in this Notice will be made only with your written approval. You may take back your approval at any time. The request to take back approval must be in writing. Your request to take back approval will go into effect as soon as you request it. There are two cases when it won't take effect as soon as you request it. The first case is when we have already taken actions based on past approval. The second case is when disclosures are made before we received your written request to stop.

Your Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

Right to Request Restrictions. You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. You can also ask for disclosures to persons involved in your care or payment of your care. This includes family members or close friends. Your request should state the restrictions you are asking for. It should also say to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request. We will not comply if the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.

Right to Request Confidential Communications. You have the right to ask that we communicate with you about your PHI in other ways or locations. This right only applies if the information could endanger you if it is not communicated in other ways or locations. You do not have to explain the reason for your request. However, you must state that the information could endanger you if the change is not made. We must work with your request if it is reasonable and states the other way or location where your PHI should be delivered.

Right to Access and Receive Copy of your PHI. You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may ask that we give copies in a format other than photocopies. We will use the format you ask for unless we cannot practicably do so. You must ask in writing to get access to your PHI. If we deny your request, we will give you a written explanation. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.

Right to Change your PHI. You have the right to ask that we change your PHI if you believe it has wrong information. You must ask in writing. You must explain why the information should be changed. We may deny your request for certain reasons. For example, we will deny your request if we did not create the information you want changed and the creator of the PHI is able to perform the change. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision. We will attach your statement to the PHI you asked be changed. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also make the effort to include the changes in any future disclosures of that information.

Right to Receive an Accounting of Disclosures. You have the right to get a list of times within the last six year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you ask for this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will give you more information about our fees at the time of your request.

Right to File a Complaint. If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with MHS. You can do this by phone, or in writing. Use the contact information at the end of this Notice. You can also submit a written complaint to the U.S. Department of Health and Human Services. Their contact information is available on their website at www.hhs.gov/ocr. Or, we can provide you with their address to file a written complaint. WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Right to Receive a Copy of this Notice. You may ask for a copy of this Notice at any time. Use the contact information listed at the end of the Notice. If you get this Notice on our website or by email, you can request a paper copy of the Notice.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI, or how to exercise your rights, you can contact us by phone or in writing. Please contact us at:

Managed Health Services

Attn: Privacy Official

550 N. Meridian Street, Suite 101

Indianapolis, IN 46204

Toll Free **1-877-647-4848**

(TTY **1-800-743-3333**)

mhsindiana.com/contact-us

Statement of Non-Discrimination

Managed Health Services (MHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MHS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact MHS at 1-877-647-4848 (TTY/TDD 1-800-743-3333).

If you believe that MHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Grievance and Appeals Coordinator, PO Box 441567, Indianapolis, IN 46244, 1-877-647-4848 (TTY/TDD 1-800-743-3333), Fax 1-866-714-7993. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, MHS is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

We hope you enjoyed our latest issue of *Healthy Moves*! You can find this and past issues on our website at mhsindiana.com. Or, you can call Member Services and ask for a copy to be mailed to you.

If you need this or any other information in another language or format, or have any problems reading or understanding this information, please call MHS Member Services Monday through Friday from 8 a.m. to 8 p.m. at 1 877 647 4848 (TTY/TDD 1 800 743 3333). Learn more at mhsindiana.com.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de MHS, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Chinese:	如果您，或是您正在協助的對象，有關於 MHS 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-647-4848 (TTY/TDD 1-800-743-3333)。
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu MHS hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-647-4848 (TTY/TDD 1-800-743-3333) an.
Pennsylvania Dutch:	Vann du, adda ebbah's du am helfa bisht, ennichi questions hott veyyich MHS, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kawl 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Burmese:	သင် သို့မဟုတ် သင်မှကူညီနေသူတစ်ဦးတို့တွင် MHS အကြောင်း မေးစရာများရှိပါက အခမဲ့အကူအညီ ရယူပိုင်ခွင့်နှင့် သင်၏ဘာသာစကားဖြင့် အချက်အလက်များကို အခမဲ့ရယူပိုင်ခွင့် ရှိပါသည်။ စကားပြန်တစ်ဦးနှင့် စကားပြောဆိုရန် 1-877-647-4848 (TTY/TDD 1-800-743-3333) ကို ဖုန်းဆက်ပါ။
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول MHS، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MHS에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-647-4848 (TTY/TDD 1-800-743-3333)로 전화하십시오.
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về MHS, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-647-4848 (TTY/TDD 1-800-743-3333).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'MHS, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Japanese:	MHSについて何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-647-4848 (TTY/TDD 1-800-743-3333) までお電話ください。
Dutch:	Als u of iemand die u helpt vragen heeft over MHS, hebt u recht op gratis hulp en informatie in uw taal. Bel 1-877-647-4848 (TTY/TDD (teksttelefoon) 1-800 743-3333) om met een tolk te spreken.
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa MHS, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования MHS вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Punjabi:	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਸ਼ੀ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ MHS ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ. ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-877-647-4848 (TTY/TDD 1-800-743-3333) 'ਤੇ ਕਾਲ ਕਰੋ।
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके , MHS के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी परामर्श करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-647-4848 (TTY/TDD 1-800-743-3333) पर कॉल करें।